RECORD AGE INK may that 0 0 back terms. 6 plain Instructions = EATH ٥ ā Item HO Important. Every Ite

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilf death occurred in St:.....Ward) " a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. MARRIED. WIDOWED. (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment lo which employed (or employer) Contributory Contributory (Secondary) (State or country 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country of death _____ yrs. ___ mos. ___ ds. State yrs, mos, ds. Where was disease contracted. If not at place of death?... Former or osual residence (DATE OF BURIAL 15 ADDRESS Filed..... REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Preclse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," Farmer or Planter, For persons "Foreman," the second (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause. Always qualify all diseases resulting from scpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childlifth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never repor ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ture of the American Medical Association.) merc symptoms or terminal conditions, such as "As-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples :

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT INK-THIS ESERVED UNFADING a MARGIN PLAINLY, WITH

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1 PLACE OF DEATH

County Suntt	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Jugel Mil(No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE MARRIED, MULLICATE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Tef 23, 1913 (Month) (Day (Year) 17 I HEREBY CERTIFY, That J attended deceased from
OATE OF BIRTH (Month) (Day (Year)	that I last saw h.I.M. alive on July 22 1913
TAGE If LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 2, m The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) 2 yrs mos ds Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 NAME OF MOTHER 10 NAME OF MOTHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTH	(Signed) (Duration) yrs. mos. ds (Signed) (Address) (Address) (Address) (Signed) (S
13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) X Will in the flexus it	Where was disease contracted, If not at place ot death?
(Address) Land falch ya Refit of Filed Hab 25'-, 1913 Thomas f. brows REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Tree will Pa 20 UNDERTAKER LOVAL ADDRESS For all Jural Approach Appro
	rat/6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question should be taken to report specifically the occupations galnfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of State cause for For VIO-

	state
	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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WETE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	Every item of information should be oarefully sup CAUSE OF DEATH in plain terms, so that it ms important. See instructions on back of certificate.
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PLACE OF DEATH 2038	STATE OF MARYLAND CERTIFICATE OF DEATH
County Garrett	Registered No. 167
Village or City Mean Dobbin M. (No,	St; Ward) [If death occurred in a hospital or lostitution, give its NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX COLOR OR RACE MARRIED, WISOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH January 30, 19/3. (Month) (Day) (Year)	Jan 30, 1913, to Feb 2, 1913, that I last saw ham alive on Feb 2, 1913
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of Industry, business, or establishmeat in which employed (or employer) 9 BIRTHPLACE (State or country) Garage Co.	(Duration) yrs mos 3 ds. Contributory Probable ictures negratories (Secondary) (Deration) yrs mos 3 ds.
10 NAME OF FATHER John Culp 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) , M. D. -State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Catherine Still 13 BIRTHPLACE OF MOTHER (State or country) 72	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds,
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Solder 18	Deficie Date of Burial 20 UNDERTAKER Deficie ADDRESS Deficie Deficie

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the dibrable causing death—Name, first, the dibrable causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherid (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples: For VIO-

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

41 24

ADDRESS

St:Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICA	L CERTIFIC	ATE OF D	EATH	
16 DATE OF DEATH	46 (M	onth)		, 1913 (Year)
17 I HEREI	BY CERTIFY	, That I at	ended dec	eased fron
	191\3., to			, 191
hat I last saw h	alive on	4.06		, 191
ind that death occurred	on the date	stated ab	ove, at	300.m
The CAUSE OF DEATH				
Membro	Ourst		out	
Contributory (Secondary)	cel	-18	ميم	hete.
(Signed) 7 7. et 3, 1913	71	odu	yrs. \leq m cou	os. 4 ds M. D
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HO	ANS OF INJU	TH, or, in BY; and (deaths from 2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place ot death) is ds.	In the		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaithed, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligaffection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Can-0

2040 PLACE OF DEATH Very PHYSICIANS should of OCCUPATION IS (No. RECORD * FULL NAME PERSONAL AND STATISTICAL PARTICULARS PERMANENT SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, BINDING Write the word) 6 DATE OF BIRTH (Day) (Month) 7 AGE IS if LESS than 1 day 5 hrs. OR 7 BOCCUPATION AGE (a) Trada, protession, or INK RESERVED particular kind of work. (b) General nature of industry, business, or establishment in UNFADING тау which employed (or employer) that it ma State or country) (Secondary) carefully 10 NAME OF FATHER 0 0 MARGIN WITH 11 BIRTHPLACE PARENTS terms, OF FATHER (State or country) pluods 12 MAIDEN NAME piain OF MOTHER instructions Information 13 BIRTHPLACE 5 OF MOTHER DEATH (State or country) Where was disease contracted. It not at place of death? 0 Former or (Informant) 0 usuai residence important. Every It 19 PLACE OF BURIAL OR REMOVAL REGISTRAR If more blanks are needed address State Registrar, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St:.....Ward)

It death occurred in a hospital ar institution. give its NAME lostead of street and number. 3

MEDI	CAL CERTIFICATE OF	DEATH	
16 DATE OF DEATH	Fre	Day)	1913
	(Month)	(Day)	(Year)
17 4 1 HER	EBY CERTIFY, That I	attended dec	eased from
Tree 19	REBY CERTIFY, That I	20	191-3
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that I last saw h	alive on The	-0	, 191.3
		_	
and that death occurr	red on the date stated	_	
and that death occurr	red on the date stated of TH* was as follows:	_	
and that death occurr	red on the date stated	_	
and that death occurr	red on the date stated of TH* was as follows:	_	

*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether Acciden-
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	18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	(FOR H	OSPITALS.	INSTITUTIO	SNART, SNO	IENT
I	At place of death vrs mos.		in the			
ı	of death vrs mos.	de	State	Wre	maa	4.

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20 UND	ERTAKE	R	20	

DATE OF BURIAL ..., 1913

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonacum, etc.. Carcinosis of lungs, meninges, perilonacum, etc..

scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "TUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails The contributory Mways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State canse for 01

Very CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No St :----Ward) RECORD ö MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 16 DATE OF DEATH SEEX 4 COLOROR RACE BINDING (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Tear) 4 (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH* was as follows: THIS OR min. ? BOCCUPATION O (a) Frade, profession, or particular kind of work (b) General nature of Industry. supplied. business, or establishment in UNFADING may which employed (or employer) that it mi Contributory 9 BIRTHPLACE (State or country) (Secondary) a 10 NAME OF FATHER (Signed) 0 NON WITH 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) I Info EAT Where was disease contracted. NRITE If not at place of death? See of 0 Former or 10 osual residence Every Item CAUSE OF Important. OR BEMOVAL 15 No. UNDERDAKER 8 100 REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2041

PLACE OF DEATH

STATE OF MARYLAND

fit death occurred in

(Year)

a hospital or institution.

give its NAME lostead et street and number. 7

(Day)

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichacture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for For VIO-

N. B.—Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

2042	
PLACE OF DEATH	STATE OF MARYLAND
County Gamett	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Bloomington No.	St; Ward) [If death occurred in a hospital or institution
FULL NAME Helen Marce	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While (Write the word)	16 DATE OF DEATH Fely (Month) (Day) (Year)
6 DATE OF BIRTH	Teley 1 of 1913, to Fely 13th 1973.
Sich. 24 1911	
(Month) (Day) (Year)	that I last saw he la alive on Felty 11th 1913
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at m,
yrs. // mos. /9 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION	Mistroculoses of lungs
(a) Trade, protession, or particular kind of work	many general,
(b) General nature of industry,	Case
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) West Vannin	(Secondary) (Ouration) (Secondary) (Ouration) (Ouration) (Ouration) (Ouration)
10 NAME OF FATHER Wilson L. Kenney	(Signed) I III League (M. D.
IN II BIRTHPLACE	May 1915 (Address) Homing ton MI
OFFATHER (State or country) West Ungune	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SHAPPY OF MONOPOLY
of MOTHER Maggie E. Evans	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOLLOWS
13 BIRTHPLACE OF MOTHER (State or country) Mest Chracia	At place of death yrs mos ds. State yrs, mgs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted,
(Intermant), Elleson L. Kunney	Former or Wasal residence.
(Address) Bloomington	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Cross W/a Feb 14 1913
Flied	20 UNDERTAKER ADDRESS
REGISTRAR	Windlock hielmont Wa
If more hianks are needed, address State Regis trar, 6	D. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). causing death, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. heen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Purreman scotichaegenitai," valvular heart disease; Chronic interstitial nephritis "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Purprebal peritonitis," etc. State cause for etc., when a definite disease can he ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ ture of the American Medical Association.) sepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Old Age," "Shock," Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," __ (name origin; "Can Examples:

LI .	PLACE OF BEATH 21143	STATE OF MARYLAND
C	ounty Larrett	CERTIFICATE OF DEATH
		Registered No. 162
٧	Village or City Musrill (No.	St; Ward) [It death oc: a hospitat or in give its NAME
	* FULL NAME Peter Me July	et street and no
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M	ex 4 COLOR OR RACE 5 BINGLE, MARRIEO, WISOWED, PROVORCES (Write the word)	16 DATE OF DEATH HELD 2 11/1 (Month) (Day) (Y
6 D	May 22, 1834	Jan 27, 1913, 10 Jan 3/
TAC	(Month) (Day) (Year)	that I last saw h
	75_yrs. 8 mos. / ds. OR. min. ?	The CAUSE OF DEATH * was as follows:
(a) par (b) busi	OCCUPATION Trade, profession, or relicular kind of work General nature of industry, iness, or establishment in ch omployed (or amployer)	Proucho fuermonia (Ouration) yrs. mos.
9 BI	IRTHPLACE tate or country)	Contributory. (Secondary)
	10 NAME OF John M Chilyre	(Signed) P.C. Bower
ENTS	(State or country) Nou't know	*State the DISEASE CAUSING DEATH, Or, in deaths from Vic
PAR	12 MAIDEN NAME Chigabeth Holey	CAUSES, State (1) MEANS OF INJURY; and (2) whether Acc TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONE, TRAN- OR RECENT RESIDENTS)
14	13 BIRTHPLACE OF MOTHER (State or country) Douthuran	At place of death yrs. mos. ds. State yrs, mos
	(Informant) Crawe	If not at place of death?————————————————————————————————————
15	(Address) Bew Germany And.	19 RLACE OF BURIAL OR REMOVAL DATE OF BURIA
	bd191	20 UNDERTAKER ADDRESS

FOR BINDING

MARGIN RESERVED

[Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcinosis of lungs, meninges, periionacum, etc.. Carcinosis

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Deblifty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., is less definite; avoid use of "Tumor" for mallg-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

	PLAGE OF DEATH 2044	STATE OF MARYLAND
-	Tuesday Transport	CERTIFICATE OF DEATH
	ounty Shin C	Registered No. 173
	/illage or City / Whare lass (No.	St; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
	FULL NAME Duke	Me chael or street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE MARRIED, WIOOWED, GRUNDOWED, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 A HEREBY CERTIFY. That I attended deceased from
6 0	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 26, 1913, to 26, 1913, that I last any here alive on 26, 25, 1913
7 A		and that death occurred on the date stated above at that if m
(a	OCCUPATION) Trade, profession, or ricular kind of work.	Time Necessity Echunism
bus	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country)	(Boration) yrs mos ds. Contributory (secondary)
	10 NAME OF Command Michael	(Signed) A
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL SUMMERS OF THE STREET OF T
PARE	OF MOTHER Mande 19. As a series of MOTHER (State or country)	18 LENGTH OF REBIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place In the
	(Informant) The Above is True to the Best of My Knowledge	of death
15	ed Mar 4 1913 Nauland Dones	19 PLACE OF BURIAL OR REMOVAL THE TOTAL ADDRESS 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Revistr	ar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.
	V	v w. v. camerin wt., Daite, Ecquesting v. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of lilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfuiheen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

scpsis, tctanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purreral septichacetc., when a definite disease can he ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ampie: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of ______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailg. injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronio ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for Examples:

H	
No.	
σŝ	
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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N.B.

	9045
PLACE OF DEATH	2045
County Garrett	(2)
Village or City Ooklan	(No. ,
FULL NAME Will	
PERSONAL AND STATISTICAL	PARTICULARS .

STATE OF MARYLAND CERTIFICATE OF DEATH

man

Registration Dist. No.....

St.;....Ward)

[It death occurred in a hospifal or Institution, give its NAME instead of street and number.]

The state of the s	MEDICAL CERTIFICATE OF REALITY
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married, Married	16 DATE OF DEATH
(Write the word)	17 HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Sub // (Day) (Year) (Month) (Day) (Year)	that I last saw h for allve on Let 3 , 191 3
7.AGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or Policeman particular kind of work	Tuereny fut revers
(b) General neture of industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Preston Co, W. Va	(Secondary) (Duration) (Duration) (Duration)
10 NAME OF Spac Dhewnan	(Signed) M. D. Stucebough, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) West / a	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at piece of death?
(Informant) Oklamed Mid	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Mar, 3rd, 1913 Mark Solhite	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Revis tran 6	The Brookle St. Polls D. W. Con Concern

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Pureperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Meastes (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can Examples: 10

RESERVED

MARGIN

PLACE OF DEATH

	PLACE OF DEATH	0040	
	Connet Wa	2046	CERTIFICATE OF DEATH
Gounty	Garret, Md.		Registered No. 164
	o r Si y Accident		St.; Ward) [If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
	FULL NAME John	Oester	
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex Male	4 COLOR OR RACE White	MARRIED, Married WIDOWED, Married ORDIVORCED (Write the word)	16 DATE OF DEATH February 16 , 191.3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE O	April (Month	6 ,184	I had not been in attendance that I lest saw h alive on 191
AGE	63 yrs 10		hrs. The CAUSE OF DEATH* was as follows:
particular (b) Genera business, o which empl	profession, or kind of work		I know not as henever doctored with me for it He droped dead and I was called and only suppose he died of heart disease (Duratho) yrs mes do the had this for years dont know how
		e City, Marylan	Lespiputory Rheumatism. ad. For years (Deration) yrs mos ds.
F	Adam Oeste	r	(Signed) , M. D. Scient Md. M. D. Feb. 17 , 1913 (Address) Accident Md.
OFFATHER (State or country) Germany		ny	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
A .		t Henfling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 g 0 (St	RTHPLACE F MOTHER ate or country) (Germa)	o v	At place to the of death yrs mos ds. State yrs mos ds.
	BOVE IS TRUE TO THE BES		Where was disease contracted, If not at place of death? Former or osual residence
(1	Address) Accident Mo	d.R.D.# 2.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL
1	1 1 24 1913 JOS	AND REGISTRA	MC 20 UNDERTAKER GHAD GODE ADDRESS
-	if more blanks are	needed, address State Re	gistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should he taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid flueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrerran septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 de., affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Ohronio cer" is less definite; avoid use of "Tumor" for mallg-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: For VIO-

1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH Registered No. fit death occurred in St:.....Ward) a hospital or Institution. RECORD give its NAME Instead of street and comber. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at Hora 1 day, hrs. OR min. ? SOCCUPATION AGE (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in UNFADING (Doration) may which employed (or employer) -----⁹BIRTHPLACE (State or country) (Secondary) certifica that 10 NAME OF FATHER 80 50 PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE DEATH In At place OF MOTHER (State or country) In the of death yrs. mos. ... State yrs. ____ Where was disease contracted. It not at place of death? Po Former or OF CAUSE OF Important. osual residenci 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Ne.

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iApproved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulwho have no occupation whatever, write None. who receive a definite saiary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: For persons "Foreman," (6)

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20148 STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH 10 should OCCUPATION Registered No It death occurred in PHYSICIANS .Ward) a hospital or institution, give its NAME instead of street and number.] * FULL NAME 10 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Year) Write the word) HEREBY CERTIFY, That I attended deceased from Exact 8 DATE OF BIRTH fied. (Day) (Year) (Month) pe it LESS than TAGE and that death occurred on the date stated shove, at classi should 1 day Z.hrs. The CAUSE OF DEATH * was as follows: OR 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, supplied. pe business, or establishment in (Duration)yrs... mos.... may which employed (or employer) that it mi Contributory. ⁹ BIRTHPLACE (State or country) (Secondary) oarefully b that It 10 NAME OF FATHER 80 50 pe terms, n back 11 BIRTHPLACE ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER ot death yrs. mos. EATH (State or country) State Where was disease contracted. it not at biace of death?. 0 0 Former or Item 上〇 usual residence. mportant. Every It BURLAL OR REMOVAL 15 20 UNDERTAKER ADDRESS 80 z If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

MARGIN

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